



12-9-02

DEC 11 2002  
TECH CENTER 1600/2900165:  
\$

AMENDMENT TRANSMITTAL LETTER			DOCKET NUMBER: P-LA 4798	
SERIAL NO: 09/892,071	FILING DATE: June 26, 2001	EXAMINER: B. Chism	GROUP ART UNIT: 1652	
INVENTION: CONFORMATIONALLY STABILIZED CELL ADHESION PEPTIDES				

TO COMMISSIONER FOR PATENTS

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

"EXPRESS MAIL" MAILING LABEL NUMBER: EL 85704499 US

DATE OF DEPOSIT: December 5, 2002

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING  
DEPOSITED WITH THE UNITED STATES POSTAL SERVICE  
"EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER  
37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS  
ADDRESSED TO: COMMISSIONER FOR PATENTS WASHINGTON, D.C. 20231.

Lisa Oliver  
(TYPED OR PRINTED NAME OF PERSON MAILING PAPER OR FEE)Lisa Oliver  
(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to the Office Action,  
mailed June 6, 2002, with attached Appendix A, in the above-  
identified application.

- Small Entity status of this application has been  
established under 37 CFR 1.27.
- X Petition for a three-month Extension of Time is  
enclosed (in duplicate).
- Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is  
enclosed.
- No additional claims fee is required.
- X An additional claims fee is required and has been  
calculated as shown below:

## CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE	
							SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	10	-	20	-	0	x	\$9	\$18	= \$	\$0
INDEPEN- DENT CLAIMS	9	-	5	-	4	x	\$42	\$84	= \$	\$336
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			YES		x NO		\$140	\$280	= \$	\$0
							TOTAL ADDITIONAL FEE		\$	\$336

\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in  
this space.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in  
this space.

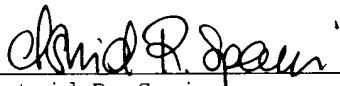
\*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST  
NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

— Please charge my Deposit Account No. 03-0370 the amount of  
\$\_\_\_\_\_. A duplicate copy of this sheet is enclosed.

Inventors: Pierschbacher and Ruoslahti  
Serial No.: 09/892,071  
Filed: June 26, 2001  
Page 2

- X A check in the amount of \$1,256.00 is enclosed, \$336.00 of which covers the additional claims fee, and \$920.00 of which covers the fee for a three-month extension of time.
- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

  
Astrid R. Spain  
Registration No. 47,956  
CAMPBELL & FLORES LLP  
4370 La Jolla Village Drive  
7<sup>th</sup> Floor  
San Diego, California 92122  
858-535-9001  
USPTO CUSTOMER NO. 23601